
State:	District of Columbia	Filing Company:	American Bankers Insurance Company of Florida
TOI/Sub-TOI:	04.0 Homeowners/04.0001 Condominium Homeowners		
Product Name:	Condominium Insurance Program		
Project Name/Number:	CCF - State Exception Page 6/SF_2025		

Filing at a Glance

Company:	American Bankers Insurance Company of Florida
Product Name:	Condominium Insurance Program
State:	District of Columbia
TOI:	04.0 Homeowners
Sub-TOI:	04.0001 Condominium Homeowners
Filing Type:	Rule
Date Submitted:	05/02/2018
SERFF Tr Num:	ASPX-131485109
SERFF Status:	Closed-APPROVED
State Tr Num:	
State Status:	
Co Tr Num:	SF_2025_COIP_DC_AI_2496
Effective Date	06/01/2018
Requested (New):	
Effective Date	06/01/2018
Requested (Renewal):	
Author(s):	Estervina Caceres
Reviewer(s):	Monica Myers (primary)
Disposition Date:	05/14/2018
Disposition Status:	APPROVED
Effective Date (New):	
Effective Date (Renewal):	

State: District of Columbia
TOI/Sub-TOI: 04.0 Homeowners/04.0001 Condominium Homeowners
Product Name: Condominium Insurance Program
Project Name/Number: CCF - State Exception Page 6/SF_2025

Filing Company: American Bankers Insurance Company of Florida

General Information

Project Name: CCF - State Exception Page 6

Project Number: SF_2025

Reference Organization:

Reference Title:

Filing Status Changed: 05/14/2018

State Status Changed:

Created By: Estervina Caceres

Corresponding Filing Tracking Number: ASPX-131449528

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Submitted By: Estervina Caceres

Filing Description:

Rule Filing

State Exception Page 6

AB#COIP#DC Page 6 04/18 replaces edition 05/15

American Bankers Insurance Company of Florida is submitting the following revisions to our currently approved Condominium Insurance Program in DC:

Update State Exception Page 6 to 04/18 to make the following corrections:

- Delete the letter "q" at the end (E)GU 404; and
- Replace the letter "C" with "D" at the end of NOTE4500.DOCDCNOTE.DOD.

Company and Contact

Filing Contact Information

Estervina Caceres, Product Compliance Analyst

Estervina.Caceres@assurant.com

11222 Quail Roost Drive

305-253-2244 [Phone] 4034233 [Ext]

Miami, FL 33157

305-252-6987 [FAX]

Filing Company Information

American Bankers Insurance

CoCode: 10111

State of Domicile: Florida

Company of Florida

Group Code: 19

Company Type:

11222 Quail Roost Dr

Group Name: Assurant, Inc. Group

State ID Number:

Miami, FL 33157

FEIN Number: 59-0593886

(305) 253-2244 ext. [Phone]

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	American Bankers Insurance Company of Florida
TOI/Sub-TOI:	04.0 Homeowners/04.0001 Condominium Homeowners		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Monica Myers	05/14/2018	05/14/2018

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	State Exception Page 6	Estervina Caceres	05/02/2018	05/02/2018

State:	District of Columbia	Filing Company:	American Bankers Insurance Company of Florida
TOI/Sub-TOI:	04.0 Homeowners/04.0001 Condominium Homeowners		
Product Name:	Condominium Insurance Program		
Project Name/Number:	CCF - State Exception Page 6/SF_2025		

Disposition

Disposition Date: 05/14/2018

Effective Date (New):

Effective Date (Renewal):

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Consulting Authorization		Yes
Supporting Document	Actuarial Certification (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		Yes
Supporting Document	State Exception Page 6 - marked revisions		Yes
Supporting Document	Filing Letter		Yes
Rate (revised)	State Exception Page 6		Yes
Rate	State Exception Page 6		Yes

State:	District of Columbia	Filing Company:	American Bankers Insurance Company of Florida
TOI/Sub-TOI:	04.0 Homeowners/04.0001 Condominium Homeowners		
Product Name:	Condominium Insurance Program		
Project Name/Number:	CCF - State Exception Page 6/SF_2025		

Amendment Letter

Submitted Date: 05/02/2018

Comments:

Revised Previous State Filing Number

Changed Items:

No Form Schedule Items Changed.

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	State Exception Page 6	AB#COIP#DC Page 6 04/18	Replacement	ASPX-G130097063	05/02/2018 By:
<i>Previous Version</i>					
1	State Exception Page 6	AB#COIP#DC Page 6 04/18	Replacement	ASPX-G130772809	05/02/2018 By: Estervina Caceres

No Supporting Documents Changed.

SERFF Tracking #:	ASPX-131485109	State Tracking #:		Company Tracking #:	SF_2025_COIP_DC_AI_2496
State:	District of Columbia	Filing Company:	American Bankers Insurance Company of Florida		
TOI/Sub-TOI:	04.0 Homeowners/04.0001 Condominium Homeowners				
Product Name:	Condominium Insurance Program				
Project Name/Number:	CCF - State Exception Page 6/SF_2025				

Rate Information

Rate data does NOT apply to filing.

State:	District of Columbia	Filing Company:	American Bankers Insurance Company of Florida
TOI/Sub-TOI:	04.0 Homeowners/04.0001 Condominium Homeowners		
Product Name:	Condominium Insurance Program		
Project Name/Number:	CCF - State Exception Page 6/SF_2025		

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		State Exception Page 6	AB#COIP#DC Page 6 04/18	Replacement	ASPX-G130097063	FMSEP_AB#COIP#DC 0418_State Exception Page 6.pdf

American Bankers Insurance Company of Florida
CONDOMINIUM INSURANCE PROGRAM
STATE EXCEPTION PAGES
DISTRICT OF COLUMBIA

MANDATORY FORMS

Limited Fungi, Wet or Dry Rot or Bacteria Coverage Endorsement – AB3473EPC

- a. Personal Property Coverage Section – Limited Fungi, Wet or Dry Rot or Bacteria

We will pay up to a maximum aggregate limit of \$5,000 for loss to covered personal property owned by an insured, that is damaged by fungi, wet or dry rot or bacteria on the insured premises.

- b. Personal Liability Section – Limited Fungi, Wet or Dry Rot or Bacteria

We will pay up to a maximum aggregate sublimit of \$10,000 for damage because of bodily injury or property damage involving the inhalation of, ingestion of, contact with, exposure to, existence of, or presence of any “Fungi”, wet or dry rot, or bacteria.

Attach the Limited Fungi, Wet or Dry Rot or Bacteria Coverage Endorsement to all policies. There is no premium adjustment.

Animal Liability Exclusion Endorsement –AB1547EPC

This endorsement excludes any liability arising out of the activity of domestic pets or domestic animals owned by the insured or in the insured’s care, custody or control. There is no premium adjustment. An Animal Liability Exclusion Endorsement will be added to any renewal policies where the insured owns or has in his care, custody or control an animal that has previously bitten, attacked or inflicted injury on a person or companion animal.

Mandatory Amendatory Endorsement – AB1593EPC

This endorsement is mandatory and must be attached to all policies.

Important Notice of Non-Renewal Guidelines – N8075

This notice must be issued with all policies.

Notice of Cancellation, Nonrenewal or Declination – District of Columbia – (E)GU 404

This notice is used for cancellations, nonrenewals and declinations when manually generated.

Notice of Pending Cancellation/Notice of Nonrenewal – NOTE4500.DOCDCNOTE.DOD

This notice is used for cancellations and nonrenewals.

State:	District of Columbia	Filing Company:	American Bankers Insurance Company of Florida
TOI/Sub-TOI:	04.0 Homeowners/04.0001 Condominium Homeowners		
Product Name:	Condominium Insurance Program		
Project Name/Number:	CCF - State Exception Page 6/SF_2025		

Supporting Document Schedules

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	State Exception Page 6 - marked revisions
Comments:	
Attachment(s):	CMPR_AB#COIP#DC 0418_State Exception Page 6.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Filing Letter
Comments:	
Attachment(s):	GENFL_050218_State Exception Page 6.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	ASPX-131485109	State Tracking #:		Company Tracking #:	SF_2025_COIP_DC_AI_2496
<hr/>					
State:	District of Columbia	Filing Company:	American Bankers Insurance Company of Florida		
TOI/Sub-TOI:	04.0 Homeowners/04.0001 Condominium Homeowners				
Product Name:	Condominium Insurance Program				
Project Name/Number:	CCF - State Exception Page 6/SF_2025				

American Bankers Insurance Company of Florida
CONDOMINIUM INSURANCE PROGRAM
STATE EXCEPTION PAGES
DISTRICT OF COLUMBIA

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Attach the Limited Fungi, Wet or Dry Rot or Bacteria Coverage Endorsement to all policies. There is no premium adjustment.

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This notice is used for cancellations and nonrenewals.



ASSURANT

**American Bankers Insurance
Company of Florida**

11222 Quail Roost Drive

Miami, FL 33157-6596

T 305.253.2244 F 305.252.6987

May 2, 2018

www.assurant.com

District of Columbia
Department of Insurance, Securities and Banking
Washington, DC 20002A 17120

RE: **American Bankers Insurance Company of Florida**
NAIC #: 0019-10111 FEIN #: 59-0593886
Line of Business: Homeowners
Company Filing Number: SF_2025_COIP_DC_AI_2496
Program: Condominium Insurance Program

Rule Filing

State Exception Page 6

AB#COIP#DC Page 6 04/18 replaces edition 05/15

Dear Examiner:

American Bankers Insurance Company of Florida is submitting the following revisions to our currently approved Condominium Insurance Program in DC:

- Update State Exception Page 6 to 04/18 to make the following corrections:
Delete the letter "q" at the end (E)GU 404~~q~~; and
Replace the letter "C" with "D" at the end of NOTE4500.DOCDCNOTE.DOC~~CD~~.

Our requested effective date is June 1, 2018 for new business and renewals.

Thank you for your attention to this filing. If you have any questions, you may contact me at estervina.caceres@assurant.com, or 1-800-852-2244, extension 34233.

Sincerely,

Estervina Caceres
Product Compliance Analyst
State Filings Department

State:	District of Columbia	Filing Company:	American Bankers Insurance Company of Florida
TOI/Sub-TOI:	04.0 Homeowners/04.0001 Condominium Homeowners		
Product Name:	Condominium Insurance Program		
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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/02/2018		Rate	State Exception Page 6	05/02/2018	FMSEP_AB#COIP#DC 0418_State Exception Page 6.pdf